

SIMI HILLS DENTAL
2796 SICAMORE DR., SUITE 200
SIMI VALLEY, CA 93065

FINANCIAL POLICY:

THANK YOU FOR SELECTING US AS YOUR DENTAL CARE PROVIDER. WE ARE COMMITTED TO THE HIGHEST LEVEL OF QUALITY, PREVENTIVE TREATMENT. PLEASE UNDERSTAND THAT PAYMENT FOR SERVICES RENDERED ARE PART OF YOUR TREATMENT. OUTLINED BELOW IS OUR FINANCIAL POLICY. PLEASE READ IT CAREFULLY AND SIGN IT BEFORE BEING SEEN BY THE DOCTOR.

- FULL PAYMENT IS DUE AT THE TIME OF SERVICE FOR NON-INSURANCE PATIENTS.
- WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, AMERICAN EXPRESS AND DISCOVER.
- IF YOU HAVE DENTAL INSURANCE, YOU ARE EXPECTED TO PAY OUR ESTIMATED PORTION, ALL COPAYS, OR DEDUCTIBLES AT THE TIME OF SERVICE.
- WE OFFER A NO INTEREST OR EXTENDED PAYMENT PLAN (CARE CREDIT) UPON APPROVED CREDIT.
- WE RESERVE THE RIGHT TO CHARGE \$50 (PER SCHEDULED HOUR) FOR APPOINTMENTS THAT ARE MISSED OR CANCELLED WITHOUT A 48-HOUR NOTICE.
- A FEE OF \$25 WILL BE CHARGED FOR ALL RETURNED CHECKS.

(initials)

OUR PRACTICE IS COMMITTED TO PROVIDING THE BEST TREATMENT FOR OUR PATIENTS, BASED ON A DIAGNOSIS OF WHAT IS NEEDED TO SAVE AND PREVENT FURTHER LOSS OF DAMAGE TO YOUR GUMS OR TEETH, WE CHARGE FEES THAT ARE USUAL AND CUSTOMARY FOR OUR AREA. OUR DIAGNOSIS WILL NOT BE BASED ON WHAT YOUR INSURANCE COMPANY WILL COVER, THE AMOUNT OF MONEY YOU HAVE LEFT TOWARDS YOUR MAXIMUM, OR HOW ECONOMICAL THE TREATMENT WILL BE. AGAIN, IT WILL BE BASED ON WHAT IS IN THE BEST INTEREST OF YOUR DENTAL AND HEALTH CARE. REGARDLESS OF ANY INSURANCE COMPANY'S ARBITRARY DETERMINATION OF WHAT IS USUAL AND CUSTOMARY, YOU ARE RESPONSIBLE FOR PAYMENT.

WE WILL ACCEPT ASSIGNMENT OF INSURANCE BENEFITS. YOU WILL BE EXPECTED TO PAY YOUR ESTIMATED PORTION OF THE FEE FOR THE TREATMENT. **BE AWARE THAT THIS IS ONLY AN ESTIMATE.** THE ACTUAL AMOUNT COULD VARY DEPENDING ON WHAT YOUR INSURANCE WILL COVER OR UNEXPECTED CHANGES OF TREATMENT. YOU ARE ULTIMATELY RESPONSIBLE FOR ANY BALANCE FOR SERVICES RENDERED. WE CANNOT BILL YOUR INSURANCE COMPANY UNLESS YOU GIVE US YOUR INSURANCE INFORMATION. THIS INFORMATION MUST BE PROVIDED BEFORE TREATMENT BEGINS. YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOUR EMPLOYER AND YOUR INSURANCE COMPANY. WE ARE NOT A PARTY TO THAT AGREEMENT. UNTIL YOUR INSURANCE COMPANY HAS PAID THEIR PORTION SERVICES RENDERED, THE UNPAID BALANCE WILL SHOW ON YOUR MONTHLY STATEMENT.

(initials)

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS.

PRINT NAME

DATE

SIGNATURE